Developing an effective emergency management partnership:
Surf Life Saving Australia and ambulance services

De Nardi, Wilks and Agnew present current policies and procedures and the development of effective partnerships between Surf Life Saving Australia and ambulance services

Abstract

Surf Lifesavers are an important link in the Australian emergency management and patient care system. In addition to more than 11,000 rescues performed nationally each year, the organisation provides in excess of 35,000 first aid and emergency care treatments. Recognising that collaboration with ambulance services is a critical element in the chain of emergency care, Surf Life Saving Australia is actively developing improved partnerships with ambulance services and their paramedics. This paper describes policies and procedures currently in place, provides a snapshot of beach incidents involving lifesavers and paramedics, and reports on a survey of ambulance officers in Queensland exploring their views and experiences working with lifesavers. Results provide a template for other water safety groups to work more effectively with government emergency services.

Introduction

The importance of government and community partnerships in risk management and emergency response has been highlighted by Emergency Management Australia over a number of years. Indeed, the definition of an Emergency as "an event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which requires a significant and co-ordinated response" (Emergency Management Australia, 2004, ix) draws attention to the importance of genuine partnerships and an integrated approach across sometimes very diverse groups. This paper describes the development of an effective emergency management partnership between Surf Life Saving Australia and ambulance services to ensure the timely and appropriate care of patients.

Beach safety and Surf Life Saving Australia

According to the Australian Water Safety Council (2004) there are more than 7 000 accessible ocean beaches in Australia and an estimated 60 million annual beach visitations. While it is encouraging to note that drowning deaths in Australia from all causes have dropped from 300 per year in 1998 to 250 per year in 2003 (only 11 per cent of drowning deaths between 1999 and 2002 occurred at the beach), the challenge remains for water safety authorities to further reduce this toll. The Council notes that "a major factor in the nation's overall low rate of drowning must also be attributed to the contribution of Surf Life Saving Australia's (SLSA) volunteer lifesavers" (p.9). During the 2003/2004 season SLSA patrolled over 300 beaches from a base of 303 Surf Life Saving clubs and 110,384 members. SLSA services rescue more than 11,000 people each year (Surf Life Saving Australia, 2004).

Surf Life Saving Australia has recently adopted a national initiative titled *Frontline First*, aimed at focusing the organisation's collective energies and resources to support Frontline service delivery – the lifesavers – through building capacity and capability (Wilks, Dawes & Williamson, 2005). Government liaison and support is a key element in this initiative, and forms part of the overall strategy to develop Surf Life Saving as a core community service (Surf Life Saving Australia, 2004).

All SLSA volunteer lifesavers who actively patrol the nation's beaches must hold, as a minimum, a Surf Life Saving Bronze Medallion (Surf Life Saving Australia, 2003), which is one of a number of SLSA awards that meet the Public Safety Industry's Units of Competency and Qualifications (Public Safety Industry Training Advisory Body, 2003). The public safety industry is comprised of the police, fire brigade, State and Territory emergency services, emergency management sectors and SLSA. Table 1 outlines the units of competency required for the Certificate II in Public Safety (Aquatic Rescue) and their mapping to the Bronze Medallion, highlighting the emphasis placed on the provision of emergency care.

Table 1. SLSA Bronze Medallion and Units of Competency in the Certificate II in Public Safety (Aquatic Rescue)

Unit of Competency	SLSA Manual Module
Follow defined occupational health and safety policies and procedures (PUA OHS 001B)	Unit 1 – Safety and wellbeing
Apply surf survival and self survival skills (PUA SAR 012A)	Unit 2 – Surf awareness skills
Provide emergency care (PUA EME 001A)	Unit 3 – Anatomy and physiology Unit 4 – Basic first aid Unit 5 – First aid Unit 6 – Basic resuscitation Unit 7 – Resuscitation (CPR)
Communicate in the workplace (PUA COM 001B)	Unit 8 – Communication
Operate communications systems and equipment (PUA OPE 002A)	Unit 9 – Radio communications
Participate in an aquatic rescue operation (PUA SAR 009A)	Unit 10 – Rescue techniques Unit 11 – Carries and support
Work in a team (PUA TEA 001A)	Unit 12 – Patrols
Work effectively in a public safety organisation (PUA TEA 004B)	On-the-job training

In addition to the first aid and resuscitation training that form part of the Bronze Medallion (Surf Life Saving Australia, 2005a), patrol members can extend their emergency care knowledge and skills with qualifications in the use of defibrillation and Advanced Emergency Care (Silver Medallion). During the 2003/2004 season SLSA had 24 968 active patrol members at the Bronze Medallion level. An 'active' member is a Bronze Medallion holder who fulfils an annual proficiency test and patrol obligations. In addition, a total of 1 385 members are currently qualified and proficient in the use of defibrillation and 1087 in Advanced Emergency Care (Silver Medallion). These skills are regularly tested, with both training exercises at club level, actual rescues and other emergency care actions. Table 2 presents the SLSA figures for lifesaving actions during the 2003/2004 season.

Table 2. SLSA lifesaving actions during the 2003–2004 season*

Lives Saved (Rescues)	11 316
Resuscitations	130
First Aid Treatments	10 262
Stings	25 026
Suspected Spinal Injuries	111
Preventative Actions	410 327

* Includes both lifesavers and lifeguards.

Compared to previous years, the number of rescues in Table 2 is slightly down (from 11 424 in 2002–2003 season) while the number of preventative actions is higher (up from 334 172 in 2003–2003). Preventive actions are defined as 'interceptions to prevent rescues or problems occurring' (Fenner, Leahy, Buhk & Dawes, 1999) so it logically follows that more proactive preventive actions should reduce the need for actual rescues over time.

Since Table 2 combines the actions of both groups, the distinction between SLSA lifesavers and SLSA lifeguards should also be clarified. A *lifesaver* is a Bronze Medallion holder who patrols in a voluntary capacity on weekends and public holidays through the summer months (generally from September to April) each year. A member of the SLSA Australian Lifeguard Service is also a Bronze Medallion holder but service as a *lifeguard* represents their main occupation and income, and covers weekdays during summer as well as weekends during winter months, depending on the location's need. SLSA is the largest provider of professional lifeguards in Australia. It supplies lifeguard services to local governments, national parks, resorts and other aquatic facilities around the country. Currently there are more than 500 fully trained lifeguards operating on over 200 beaches across 65 local government authorities and parks (Surf Life Saving Australia, 2005b). The prerequisites for working as a SLSA lifeguard (and the relevant Public Safety unit competencies) are:

- a current SLSA Bronze Medallion (*Certificate II in Public Safety – Aquatic Rescue*);

- a current Silver Medallion (Patrol Captain) or relevant beach management competencies;

- a current nationally recognised *Senior First Aid Certificate* (PUA EME 001A Provide Emergency Care; PUA EME 002B Manage Injuries at an Emergency Incident);

- a current SLSA *Advanced Resuscitation Certificate* (PUA 003B Administer Oxygen in an Emergency Situation); and

- completion of an 800 metre swim in 14 minutes or less in a swimming pool of not less than 25 metres in length.

Partnerships with emergency services

While SLSA lifesavers and lifeguards receive exemplary emergency management training, the organisation acknowledges the importance of collaborative work with other agencies. In particular, the ambulance service is recognised as a vital link between the first aid provided by lifesavers/lifeguards and hospitalisation of an injured patient (Surf Life Saving Australia, 2003). Training standards therefore require that an ambulance is summoned as early as possible to any cases where:

(1) a person has lost consciousness, even for a brief period, and/or

(2) a patient has received resuscitation.

The handover from surf lifesaver/lifeguard to ambulance officer is particularly important. The SLSA *First Aid and Emergency Care Manual* notes that "if an ambulance has been called, first aiders should stay with the patient, reassure them and continue to monitor them until the patient can be handed over to paramedics. First aiders should introduce themselves and the patient to the paramedic and detail:

- the events leading up to the incident;

- what happened to the patient;

- the patient's vital signs and times assessed;

- any injuries the patient has sustained; and

- all treatment provided by the first aider.

All patients treated by a first aider should be referred to appropriate medical care for continuing or follow up treatment. This includes referral to a health care professional" (Surf Life Saving Australia, 2005a, 24).

Various Surf Life Saving State and Territory jurisdictions have specific policies and procedures in place to facilitate their interaction with ambulance services. For example, in Queensland there is a joint policy between Surf Life Saving Queensland and the Queensland Ambulance Service (QAS). The policy provides for a co-operative approach to response and handover of patients (Surf Life Saving Queensland, 2004). In particular, it emphasises that in all cases involving a collapsed victim, the lifesaver or lifeguard must immediately contact the QAS and seek assistance. In terms of roles and responsibilities, the policy directs that on the arrival of QAS, the lifesaver and/or lifeguard are to fully brief the officers on the circumstances of the incident and the patient's presentation. SLSQ personnel should then provide assistance to the ambulance officers and follow their directions appropriately. Finally, unless a

doctor is present, the policy directs that the ambulance officers assume responsibility for patient care. Where cardiopulmonary resuscitation (CPR) is in progress, ambulance officers will determine if further medical aid is required and arrange patient transport.

In South Australia, Surf Life Saving has in place a memorandum of agreement with St John Ambulance Australia (SA) that commits Surf Life Saving SA resources to the ambulance service in times of major incident or disaster. The memorandum, signed in 1995, refers to the provision of first aid trained surf personnel, as well as equipment (St John Ambulance Australia SA and Surf Life Saving South Australia, 1995).

Surf Life Saving State and Territory bodies have adopted related SLSA medical policies, in particular, policies on first aid management of aquatic neck injuries, defibrillation, marine envenomation, pain management, and the use of oxygen equipment. SLSA also has a specific policy on off-duty ambulance officers on SLSA rescue craft (SLSA, 2001). This policy provides that should a person who is employed as an ambulance officer or paramedic wish to perform volunteer ambulance duties on SLSA craft (primarily offshore and jet rescue boats, and rescue helicopters), that person is required to have written approval from one of the following:

- the Medical Director of the State Ambulance Service;

- the State Superintendent of the State Ambulance Service; or

- one of SLSA's National Medical Officers.

The person may then undertake the *Specialist Crew Certificate* accreditation applicable to the craft, may carry and use equipment and drugs according to their Ambulance Service protocols, and may perform advanced life support and emergency care skills according to their training. If the person does not receive permission from one of the above officers, they are not permitted to crew SLSA craft unless they become a member of a Surf Life Saving club, complete the Bronze Medallion and other appropriate SLSA qualifications. Even so, without permission from one of the relevant officers, the person may not carry additional equipment or drugs that are used in the line of performing their ambulance protocols. The policy (May 2001) was written in consultation with medical directors from all State Ambulance Services and the Australian College of Ambulance Professionals to ensure that the duty of care and liability of SLSA and the individuals concerned are protected. All SLSA policies mentioned above are available online at www.slsa.asn.au.

Community first aid and rescue resources

The SLSA policy on defibrillation recognises that early access to defibrillation is one of the most important factors to assist in the successful resuscitation of heart attack victims. Defibrillation of the heart by first aid personnel has become possible with the introduction of the semi-automatic external defibrillator (SAED) and, as at 30 June 2004, SLSA owned 114 defibrillation units.

According to a joint policy statement issued by Queensland Health and the Department of Emergency Services (2003) the introduction of defibrillation in the pre-hospital setting for the treatment of the sudden out-of-hospital cardiac arrest has led to improved patient survival. Recent advances in defibrillation technology, specifically lightweight and compact units, means defibrillation is more widely available in the community. The main objective of the policy is to encourage expanded availability of defibrillation in Queensland communities through cost-effective, safe and sustainable programs that lead to improved patient outcomes. These include:

- promotion of community knowledge, skill and application of cardiopulmonary resuscitation (CPR);
- an integrated emergency medical system (EMS) approach; and
- Rapid First Responder and paramedic response.

Defibrillator training is an important emergency care skill.

As Table 3 shows, Surf Life Saving Queensland actively contributes to expanding the availability of defibrillation. Twenty of the State's 41 defibrillation units are located on the Gold Coast, supported by an active training program in their proper use by Surf Life Saving club members and lifeguards.

Table 3. Gold Coast defibrillator locations and qualified operators

Clubs	Defibrillator Units	Operators
Burleigh Heads	1	19
North Burleigh	1	25
Miami	1	10
Nobby's Beach	1	11
Mermaid	1	24
Kurrawa	1	58
Broadbeach	1	29
Northcliffe	1	24
Surfers Paradise	1	32
Southport	1	44
Coochiemudlo	1	9
Point Lookout	1	53
Rainbow Bay	0	1
Tweed Heads & Coolangatta	0	5
Coolangatta	1	18
Kirra	1	30
North Kirra	0	13
Bilinga	0	1
Tugun	1	5
Currumbin	1	15
Palm Beach	1	20
Pacific	1	17
Tallebudgera	1	21
Grand Total	20	484

Other Gold Coast defibrillator resources

Jet Boat Rescue Service	1 Defibrillator in each of the 2 Jet Boats
Westpac Rescue Helicopter	1 Defibrillator onboard
Gold Coast Lifesaving Services Coordinator	Defibrillator in land vehicle

Operational support services

Table 3 notes that additional defibrillator units are held in jet boats, helicopters and co-ordinators' land vehicles. The availability of operational support services in the delivery of first aid and emergency care is a critical aspect of the SLSA *Frontline First* strategy. For example, all mobile patrols in Queensland carry oxygen resuscitation equipment, and rescues are carried out using a wide variety of equipment (Table 4).

Table 4. SLSA lifesaving and lifeguard rescues by mechanism 2003/3004

	Number	Percentage #
Board	2928	26
No gear	2273	20
IRB*	2220	20
Tube	2189	13
PWC/RWV**	719	6
JRB/ORB***	373	3
Helicopter	49	<1
Ski	28	<1
Boogie board	6	<1
Surf boat	3	<1
Other	528	5
Total	11316	

* Inflatable Rescue Boat
**Personal Water Craft and Rescue Water Vehicle
***Jet Rescue Boat and Off-Shore Rescue Boat
\# Percentages rounded to the nearest whole number

Tasking and communication channels

The tasking of SLSA personnel and equipment varies across jurisdictions but essentially is available to local communities in times of need through requests from emergency service agencies. For example, the Queensland Aeromedical and Air Rescue Network (2001) provides detailed tasking guidelines for helicopters. The State's health department, police and ambulance services can all call upon government and community helicopters to provide aeromedical, surveillance, and search and rescue responses.

There are two types of aeromedical operations. The first is Inter Hospital Transfer (IHT) and the second is Aeromedical Primary Response (APR – either Category A where the aircraft forms the initial ambulance response or Category B where the aircraft forms secondary or backup response to health professionals already on the scene).

The Government's larger Bell helicopters and key community rescue organisations in Queensland are approved by the Minister for Emergency Services under the *Ambulance Services Act (Qld) 1991* to provide patient transport. The smaller Westpac 'Lifesaver' Rescue Helicopter, currently a Squirrel located on the Gold Coast, is not used for patient transfer but is often tasked by Australian Search and Rescue (AUSSAR), police and the Queensland Ambulance Service for search and rescue work (especially white water and surf environment rescue), surveillance, and providing transport for medical teams (O'Hara, De Groot & Wilks, 2002).

In New South Wales, SLSA's four Westpac 'Lifesaver' helicopters are authorised under Section 23 of the *Ambulance Services Act (NSW) 1990* to conduct full ambulance services (IHT and ARP) in addition to search and rescue. During 2003/2004 there were 368 primary response missions flown (Category A), 510 secondary response missions (Category B), and 61 search and rescue missions.

Beach incidents involving SLSA and ambulance services

In order to provide a snapshot of the emergency care situations involving both lifesavers and ambulance officers, a small review of beach incidents was undertaken. Information was retrieved from the *Data Incident Log Report*, SLSA's national incident database record. Details of 97 incidents in Queensland and 84 incidents in New South Wales were selected and examined. The criterion for selection was the presence and intervention of lifesavers/lifeguards as the first point of contact, followed by attendance of an ambulance officer. Other parties, such as police and/or a helicopter were present in some major incidents, some involving between two and 12 people (Paget, 2004).

For the 97 Queensland incidents there was an even balance between male (52 per cent) and female (48 per cent) patients, with most incidents involving Queensland residents (79 per cent). The nature of injury varied considerably. The main categories were recorded as open wound/laceration (14), respiratory/near drowning (13), stings (11), fractures (10), suspected spinal injury (10) and cardiac (9). Loss of consciousness was recorded in five cases. The main categories of treatment recorded were oxygen therapy (42), RICE (Rest, Ice, Compression, Elevation – 19), clean and dress wound/injury (11) and apply spinal collar (6).

Table 5 presents 18 randomly selected incidents from among those evaluated, in order to demonstrate the diversity of injuries recorded. In many cases lifesavers

are required to treat more than one serious injury, on one or more injured people, before paramedics arrive.

Table 5. SLSA incident log report examples

Nature of injury	Initial treatment
Hypothermia/Loss of Consciousness/Respiratory problem	Oxygen therapy
Concussion – Drug and Alcohol Related	Oxygen therapy
Heat Stroke/Loss of Consciousness/Fracture/Open Wound	Oxygen therapy
Suspected Spinal	Spinal collar
Inflammation/Swelling/Concussion	RICE
Open Wound/Laceration/Contusion/Loss of Consciousness	EAR
Abrasion/Graze/Dislocation/Fracture/Suspected Spinal	Spinal collar
Heat Stroke/Heat Exhaustion/Cardiac Problem	Oxygen therapy
Suspected Spinal/Strain/Concussion/Fracture	Oxygen therapy
Near Drowning – Respiratory problem	EAR
Nausea – Caught in Rip	Oxygen therapy
Near Drowning – Respiratory Problem	Oxygen therapy
Haemorrhage – Eye	Cleaning
Open Wound/Laceration/Cut	Dressed (including bandage)
Open Wound/Laceration/Fracture	Strapping/Taping
Loss of Consciousness	Recovery position
Fracture	Sling/Splint
Bruise/Contusion/Suspected Spinal	Oxygen therapy, Spinal Collar

The 84 New South Wales incidents involved more males (63 per cent) than females (30 per cent) and there were six records of group incidents where genders were not recorded. Most incidents involved New South Wales residents (67 per cent). The main categories of injury recorded were suspected spinal injury (19), lacerations (9), suspected fractures (6), respiratory/near drowning (6), cardiac (7) and stings (5). Loss of consciousness was recorded in 15 cases. The main treatments provided were oxygen therapy (24), spinal collar (13), RICE (10), dress/clean wound (5), and EAR (Expired Air Resuscitation – 4).

The incidents presented in these two State snapshots reflect the types of beach injuries reported in other Australian reports (Grenfell & Ross, 1992; Staines, Morgan and Ozanne-Smith, 2005; Wilks et al., 1995) ranging from cuts and abrasions, through to life threatening cardiac arrests and near drowning events. The variety of events also highlights the challenges faced by surf lifesavers in providing skilled and appropriate emergency care until paramedics arrive at the beach to take charge of the patient.

In the majority of cases extracted from the database the patient was transported to hospital, mainly by road ambulance, but in some instances by helicopter depending on the urgency of the case, the location of the incident and the distance of helicopter, ambulance and hospital. In minor first aid cases, the vast majority of which have been purposely excluded from this data collection, lifesavers and lifeguards were assisted by ambulance officers on location, without the need for hospitalisation.

Paramedics' views on beach incidents and working with lifesavers

A small survey of 50 ambulance officers working on the Queensland Gold Coast was undertaken to provide additional insight into the working relationship between lifesavers and paramedics. Due to the varied shifts of the paramedics across six stations, face-to-face interviews were not possible. A target sample of 50 was set and officers received a questionnaire in the mail with a self-addressed return envelope. The survey was supported by the Medical Director and senior staff of the QAS resulting in a 100 per cent response rate. Full details of the pilot study and instrument development are available from the authors.

The majority of respondents were experienced paramedics, with an average (mean) of 11.5 years working in the field (ranging from less than one year to 28 years). Most, 88 per cent, had attended at least one beach incident, while 22 per cent had attended more than 30 incidents. Eight respondents were both paramedics and surf lifesaving members. Table 6 presents some key insights into the way paramedics view Surf Life Saving Queensland.

Table 6. Paramedics' views of Surf Life Saving Queensland

	Mean Rating	SD
Value of SLSQ operating within the community (1 = not necessary, 5 = essential)	4.96	0.66
Ratings of SLSQ as a: (1 = poor; 5 = excellent)		
Volunteer rescue organisation	4.26	0.73
Training provider for rescue and beach safety	4.16	0.72
Developer of beach safety skills for young people	4.10	0.66
Developer of beach safety knowledge for tourists/visitors	3.74	0.87
Working relationship between SLSQ and ambulance service (1 = poor; 5 = excellent)	3.97	0.81

First, there is almost universal agreement that Surf Life Saving Queensland is an essential service organisation within the community. Respondents gave high ratings for Surf Life Saving Queensland as a volunteer rescue organisation, a training provider and a developer of beach safety skills for young people. Ratings were slightly lower for providing beach safety knowledge to tourists/visitors. Overall, the paramedics sampled rated the working relationship between Surf Life Saving Queensland and ambulance services as 'good'. A majority of all respondents, 78 per cent, further clarified this position by suggesting that there was scope for better collaboration between Surf Life Saving Queensland and the emergency services generally. Table 7 presents the views on how Surf Life Saving Queensland might improve its services.

Highest among the suggestions for improving services was the importance of increasing beach safety awareness among tourists, followed by awareness and education in the general community. Overall, the importance of resources, training and having more beaches under guard was recognised. Less important for these respondents were more patrol hours (either voluntary or paid) and additional events, carnivals and other family outings. It should be noted that the Gold Coast area has already extended patrol hours (dawn to dusk) during summer and peak holiday periods. Therefore the number of patrol hours is perhaps not as critical as the number of beaches under guard from the perspective of service delivery (Wilks et al., 2005a).

Finally, Table 8 presents the views of paramedics on the beach management activities that would make their job easier. The highest priority reported was for detailed particulars on each incident to be communicated to paramedics in real time during transit. In written comments some paramedics emphasised that information on the exact location of an incident on the beach was essential, along with information on access and whether a four-wheel-drive vehicle might be required. Similarly, the need for a fast call out was highlighted along with general assistance at the incident scene. Less important was the physical cleanliness of the patient on handover.

Table 7. Initiatives to improve services

Ratings of Initiatives for SLSQ to improve services	Mean Rating	SD
(1 = not important; 5 = very important)		
Increase awareness among tourists	4.63	0.86
Increase awareness/education in community	4.40	0.67
Increase resources available	4.32	0.65
Improve and develop training for members	4.30	0.71
Offer wider coverage in terms of locations/beaches	4.18	0.82
Development of new partnerships	4.16	0.76
Increase promotion and marketing	4.12	0.71
Offer wider coverage in terms of patrol hours (voluntary)	3.98	0.89
Institute more events, carnivals and other family outings	3.65	0.95
Offer wider coverage in terms of patrol hours (paid)	3.22	1.14

Marine stings require co-ordination between lifesavers and paramedics.

Table 8. Beach management activities to make paramedic roles easier

Things Surf Lifesavers might do (1 = not important; 5 = very important)	Mean Rating	SD
Detailed incident particulars communicated on ambulance transit/arrival	4.57	0.88
Fast call out	4.53	0.86
Assistance after exchange, eg., Crowd controller	4.30	1.01
Collection and distribution of equipment after usage	4.20	0.74
Constant communication in transit	4.06	1.02
Assistance with transport	3.80	0.94
Patient clean (no sand) on exchange	3.10	1.35

Discussion

The mass drowning at Warrnambool, Victoria on 2 January 2005 highlighted the importance of emergency services working in partnership with surf lifesavers (Surf Life Saving Australia, 2005c). Five members of one family lost their lives in tragic circumstances, though surf lifesavers working with police, ambulance and State Emergency Services personnel managed to save three children. The incorporation of Life Saving Victoria into the Department of Police and Emergency Services has clearly improved communication and links with other agencies in that State. While the partnership model with ambulance services varies in other Australian jurisdictions, a common need is for co-ordination of services.

The Queensland and New South Wales snapshots of beach incidents show that lifesavers are presented with a range of complex first aid and emergency care situations. Their training is of a high standard but they are only one link in the chain of emergency care. Paramedics surveyed on the Gold Coast emphasised the essential value of surf lifesaving to the community, rating Surf Life Saving Queensland highly as a rescue and training provider. However, ratings for the organisation on developing beach safety knowledge for tourists/visitors were somewhat lower. Increasing awareness among tourists was top of the paramedic list for initiatives to improve services. It is now well established that tourists are a particular at-risk group for water-related activities (Australian Water Safety Council, 2000; Wilks and Coory, 2000; Wilks et al., 2005b), so increasing their awareness of beach safety is sound advice from paramedics actually involved in beach incident responses.

Second on the list of initiatives to improve services was increasing awareness and education in the community. Also high in importance were increasing resources, training members and wider coverage in terms of locations/beaches. These are current priority areas for SLSA under the national *Frontline First* initiative, which focuses on extending lifesaving services and providing a core community resource (Surf Life Saving Australia, 2004). The purchase of defibrillator units for clubs and the training of qualified operators is one example of surf lifesavers operating as an outreach community safety resource.

Finally, paramedics surveyed in Queensland believed there was considerable scope for greater collaboration between surf lifesavers and ambulance services, and in written comments especially highlighted joint training programs. For example, one respondent with 28 years professional experience recommended "greater liaison between SLSQ and QAS; for example training and ideas on how they both run".

Summary

This report described policies and processes currently in place between Surf Life Saving Australia and ambulance services. The investigation revealed a number of opportunities for further engagement across the State and Territory jurisdictions. In particular, the development of formal relationships by way of memorandums of understanding, joint training programs and collaboration with respect to policy and procedures. Experienced paramedics working on Australia's leading beach destination recommended very practical ways in which surf lifesavers might assist in emergency care, such as detailed incident communication and continued assistance at the incident site. Tourists were identified as a target group requiring special attention. At the same time, general community awareness, member training and having more beaches under guard were rated as important initiatives. Overall, paramedics saw surf lifesaving as a vital organisation operating in the community and having a sound working relationship with emergency services.

Acknowledgments

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